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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/812,596	03/29/2004	Dan Gaur	PI18327	3217
50890	7590	05/12/2008	EXAMINER	
CAVEN & AGHEVLI			FOUD, HICHAM B	
c/o INTELLEVATE, LLC			ART UNIT	PAPER NUMBER
P.O. BOX 52050			2619	
MINNEAPOLIS, MN 55402			MAIL DATE	DELIVERY MODE
			05/12/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

<b>Interview Summary</b>	<b>Application No.</b> 10/812,596	<b>Applicant(s)</b> GAUR, DAN
	<b>Examiner</b> HICHAM B. FOUD	<b>Art Unit</b> 2619

All participants (applicant, applicant's representative, PTO personnel):

(1) HICHAM B. FOUD. (3)\_\_\_\_\_.

(2) Mr. Ramin Aghevli. (4)\_\_\_\_\_.

Date of Interview: 02 May 2008.

Type: a) Telephonic b) Video Conference  
c) Personal [copy given to: 1) applicant 2) applicant's representative]

Exhibit shown or demonstration conducted: d) Yes e) No.  
If Yes, brief description: \_\_\_\_\_.

Claim(s) discussed: independent claims.

Identification of prior art discussed: \_\_\_\_\_.

Agreement with respect to the claims f) was reached. g) was not reached. h) N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: The applicant agreed on amending the claims to overcome the rejection of the prior art in record.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

**THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW.** (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

/Hicham B Foud/  
Examiner, Art Unit 2619

Examiner Note: You must sign this form unless it is an attachment to a signed Office action.

Examiner's signature, if required